



STATE OF MARYLAND

Community Health Resources Commission

45 Calvert Street, Annapolis, MD 21401, Room 336

Lawrence J. Hogan, Jr., Governor – Boyd K. Rutherford, Lt. Governor

John A. Hurson, Chairman – Mark Luckner, Executive Director

CHRC CHAIRMAN AND STAFF RECOMMENDATIONS TO PRESENT ON FEBRUARY 19, 2015

REDUCING INFANT MORTALITY AND PROMOTING WOMEN'S HEALTH SERVICES (1)

In 2008, the Administration set the goal of reducing Maryland's infant mortality rate by 10% by 2012. The Administration announced in 2014 that the state's infant mortality rate has decreased by 21%, effectively achieving this goal. The Administration has announced a new goal of reducing the state's infant mortality rate by an additional 10% by 2017. Since 2005, the Commission has awarded 15 grants totaling more than \$3.2 million to support programs to help address infant mortality and provide access to comprehensive health and other services for underserved women. These programs have collectively served 11,558 women, and organizations funded by the CHRC have included federally qualified health centers, local health departments, and community-based organizations.

- 1. Community Clinic, Inc.** This applicant, a federally qualified health center (FQHC), requests grant funding to expand services at its newly opened prenatal clinic in Greenbelt and would provide access to a range of comprehensive women's health services. CCI has a strong track record as a comprehensive women's health provider, as it participates in DHMH's Title X family planning program. Grant funding would be utilized to cover the salary costs of one FTE RN and one FTE Community Health Worker (CHW). Services enabled under the grant would be supported by the addition of a new CHW and would focus on care coordination, screening for depression, and screening/care management for diabetes. This proposal would serve Prince George's County (Greenbelt), a jurisdiction identified by DHMH as a priority area (in addition to Baltimore City). High-risk prenatal clients would receive care management services via an RN and CHW and would enable the grantee to expand its prenatal service care delivery (the prenatal clinic is currently staffed with three part-time volunteer NPs). **The reviewer and DHMH staff have confirmed that this proposal would support the goals of the state's ongoing Infant Mortality Reduction Initiative in Prince George's County, a target of the state in improving birth outcomes. This applicant is recommended to present on February 19.**

INCREASING ACCESS TO DENTAL CARE SERVICES (4)

The CHRC has prioritized supporting programs to expand dental care services for low-income communities for several years, with a particular focus on pediatric dental programs. Since 2005, the Commission has awarded 23 grants totaling more than \$5.2 million for dental programs. These programs have collectively served more than 43,700 Marylanders.

- 1. Allegany Health Right.** This applicant, a non-profit entity, has received two dental grants from the CHRC in the past (including one last year focusing on disabled adults) and has successfully implemented these grants. Grant funding would be utilized to cover (1) the salary costs of 0.5 FTE CHW and a 0.25 FTE dental case manager; and (2) treatment costs not covered by Medicaid. The proposal estimates that \$24,000 in treatment funds each year will provide dental care services valued at more than \$100,000 for up to 100 Medicaid adults for one year. Grant funds would be utilized after Medicaid billing/reimbursement is sought. The application states that a large proportion of hospital emergency department (ED) visits to Western Maryland Health System (WMHS) are for dental conditions, and the proposal seeks to expand the applicant's existing dental program by utilizing a CHW and targeting Medicaid adults who generate dental visits at WMHS. **This proposal was favorably reviewed by the independent reviewer and DHMH, is responsive to the strategic goal of reducing avoidable hospital utilization, and is recommended to present on February 19.**
- 2. Frederick Memorial Hospital.** This application is submitted by Frederick Memorial Hospital, involves a partnership with the University of Maryland Dental School (UMD), and seeks to reduce dental-related ED visits, which have increased over the last three years at Frederick Memorial. The applicant intends to open a dental clinic directly across the street from Frederick Memorial's ED, and the project will have two phases: (1) Focus on urgent care and have three operatories; and (2) Dependent on program performance, expand to six operatories and provide restorative and preventative care in addition to urgent care. Grant funding would be utilized to cover a portion of overall costs of the new dental clinic (total project cost is \$1.8 million over three years). Frederick Memorial will provide facility and operational expenses, and UMD has agreed to use the clinic as a rotational practicum site. UMD will provide faculty oversight of students. This is the second dental proposal submitted by a hospital system this year in response to high dental ED visits, is responsive to this year's goals of reducing ED visits (dental), appears to be very likely to achieve program objectives, and may be sustainable under the new hospital payment structure of the All-Payer Model. The program also provides an example of an innovative hospital-community partnership that may be replicable in other settings. **This proposal was favorably reviewed by the independent reviewer and DHMH, is responsive to the strategic goal of reducing avoidable hospital utilization, and is recommended to present on February 19.**
- 3. Total Health Care.** This proposal is submitted by Total Health Care, an FQHC in Baltimore City, and involves a new collaboration with Mercy Hospital to ensure all pregnant women patients of Total who are seen by Mercy OB providers will receive the benefit of an integrated OB and dental care. Grant funding would be utilized to provide "seed money" to hire a 0.5 FTE dentist who will provide oral health education sessions during 6-week pregnancy group sessions (the reviewer recommends that this could be

provided by a dental hygienist). This is the second dental proposal submitted by an FQHC this year targeting pregnant women (the other was from Chase Brexton). While both FQHC proposals are worthwhile and favorably reviewed, the proposal from Total offers an innovative hospital-community partnership oriented around a specific, concrete goal and, as such, the Total project could serve as a model and may be replicable in other settings. **This proposal was favorably reviewed by the independent reviewer and DHMH and is recommended to present on February 19.**

4. **Health Partners.** This applicant is a free clinic in Charles County that has received and successfully implemented several prior grants from the CHRC. Health Partners is currently implementing a capacity-building grant awarded by the CHRC last year to assist the clinic in transitioning from a grant-based revenue model to billing third-party payers for primary care services provided. This year's grant request would enable Health Partners to begin billing for dental services and would enable the grantee to achieve long-term financial sustainability for its dental program. Health Partners currently has two part-time dental hygienists and a volunteer dentist who is being credentialed as a Medicaid provider. The applicant proposes to transition their credentialed dentist (now volunteer) to a full-time dentist that can generate a fee-for-service revenue stream. Requested grant funds would cover approximately half of the salary costs of three FTEs: (1) Dentist; (2) Dental Assistant; (3) Dental admin (billing coordinator). The remaining portion of the salary costs would come from Medicaid billing revenue. **This proposal was favorably reviewed by the independent reviewer and DHMH and is recommended to present on February 19.**

PROMOTING CAPACITY-BUILDING BY SAFETY NET PROVIDERS (2)

The CHRC released a business plan several years ago that detailed specific recommendations for technical assistance and support that could be provided to safety net providers as Maryland implements the Affordable Care Act. These recommendations included assisting safety net providers in their ongoing efforts to achieve long-term financial sustainability and transition from a grant-based revenue model to billing third-party payers. In implementing these recommendations, the CHRC awarded four grants last year, totaling \$475,560. This year's Call for Proposals builds on these ongoing efforts.

1. **Family Services.** This applicant is a community-based non-profit organization that has implemented the CareLink Transitions Program, which has provided patient-centered, community-based, intensive care coordination post-discharge, partnering with two hospitals since 2011 (Washington Adventist Hospital and Shady Grove). The applicant has not received a grant from the CHRC in the past, and the application requests grant funding over two years to expand its CareLink program to two additional sites, Holy Cross Hospital and Holy Cross Germantown. Grant funding would be utilized to support the salary costs of CareLink program staff: 0.5 FTE program director; 0.2 FTE project administrator; 0.2 FTE Director of Nursing; 1.0 FTE Nurse Care Manager; 1.5 FTE CHW; 0.5 FTE administrative assistant; and 0.5 FTE Benefits Coordinator. The application indicates an 84% success rate in reducing readmissions in its current program/sites, and this proposal targets individuals at a high risk for readmission who have behavioral health needs and/or medical conditions complicated by socio-economic

factors. The application further states that each readmission costs between \$13,000 and \$15,000, whereas the cost of CareLink program intervention is approximately \$1,200 to \$1,500 for most patients, presenting the opportunity to achieve cost savings. This proposal is responsive to several of the key strategic priorities in this year's Call for Proposals and could serve as a model. **This application could provide the CHRC with the opportunity to explore a potential shared savings model with the applicant and the hospital partner (Holy Cross) such that savings generated by the intervention strategies could be reinvested to continue the program. This application was favorably reviewed by the reviewer and is recommended to present.**

2. **Calvert County Health Department.** The proposal requests grant funding for three years to accelerate ongoing behavioral health integration efforts in Calvert County and would utilize grant funding to hire a 0.5 FTE psychiatrist, a full-time BH case manager, and to upgrade its EMR system. The application states that Calvert is a federally designated mental health shortage area and that the Calvert Health Department is the sole mental health provider for Medicaid services and provider of services on a sliding fee schedule. As noted by the independent reviewer, Calvert has experienced a surge in Medicaid enrollment, and this proposal would enable Calvert County to expand access to behavioral health services. **This proposal is responsive to several strategic goals of this year's Call for Proposals and would expand capacity and likely reduce avoidable hospital utilization. This application was favorably reviewed by the reviewer and is recommended to present.**

EXPANDING ACCESS TO PRIMARY CARE SERVICES (5)

The central policy goal of the Commission is expanding access to affordable, high-quality primary health care in underserved areas and supporting comprehensive, interconnected systems of care. Since its inception, the CHRC has awarded 29 grants totaling \$8.5 million to expand access to primary care services programs collectively served more than 57,000 patients.

1. **Harford County Health Department.** This application requests grant funding over three years to continue the partnership between Harford Health Department and Upper Chesapeake Health (UCH) to identify high-risk, high-cost populations and would "integrate" the care coordination efforts of Harford Health Department with disease management efforts of UCH. This partnership is worthwhile, presents the potential to be replicated in other rural areas of state, and could take on greater importance in light of the new All-Payer Model. Grant funds will be utilized to cover the salary costs of five employees: (1) 1 FTE nurse care manager stationed at Beacon Health (which is operated by West Cecil); (2) 1 FTE nurse care manager to serve high-risk families with drug-exposed newborns; (3) 1 FTE nurse care manager for non-Medicaid patients with psychosocial needs; and (4) Two 0.5 FTE peer recovery specialists. The grant requests 95% of the overall project cost, with in-kind support being offered from UCH and Beacon Health. **The focus of this proposal is very much in line with strategic priorities of this year's Call for Proposals, i.e., reducing hospital costs, and could involve a worthwhile hospital-community partnership that might serve as a model in other areas of the state. This application was favorably reviewed by the reviewer and is recommended to present.**

2. **Union Memorial (MedStar).** This proposal involves a worthwhile hospital-community partnership, as it would establish a new FQHC site operated by Total Health Care in the service territory (21218) formerly served by People's FQHC, which closed earlier this year. The proposal estimates serving 3,000 residents from Baltimore City (the Greenmount-East, Waverly, and Belair-Edison neighborhoods) who are chronically ill and who are frequent users of the hospital ED and inpatient services. The proposal requests funding for a two-year project, and grant funding would cover the salary costs of 1 FTE patient navigator and 1 FTE social worker. The grant does not request the full cost of the new site, and the proposal leverages significant additional resources from the hospital (lead applicant) and from additional grant support. The application states that the grantee will continue the grant activities after conclusion of the grant. **This proposal is very responsive to all of the strategic goals of this year's Call for Proposals and would provide another example of a promising hospital-community partnership supported by the CHRC. This application was favorably reviewed by the reviewer and is recommended to present.**
3. **Esperanza Center (Catholic Charities).** This applicant is a free clinic, has successfully implemented a CHRC grant in the past, and has the high likelihood of achieving overall program objectives of serving underserved, undocumented immigrants. The grant requests funding to support a two-year program that would expand clinic hours from 17 to 28 per week. Grant funding would be utilized to cover the salary costs of 0.5 FTE medical director and 1.0 FTE medical assistant/LPN. The center is supported with significant resources from Catholic Charities (\$424,034) and Johns Hopkins Medicine is contributing \$37,500. **This is a modest/smaller grant request that has a high likelihood of meeting overall project objectives and is responsive to all of the several strategic goals in this year's Call for Proposals. This application was favorably reviewed by the reviewer and is recommended to present.**
4. **HealthCare Access Maryland.** This applicant, a non-profit community-based provider, is currently implementing a grant awarded last year by the CHRC that involves a promising ED diversion/referral program with Sinai Hospital. This proposal requests grant funding for a three-year project, involves a partnership with Family Health Centers of Baltimore (FHCB), and would target frequent ED utilizers at both Harbor and Mercy Hospitals. Grant funding would be utilized to cover salary costs of four FTEs: 1 FTE program manager (Masters level); 1 FTE care coordinator; 1 FTE care coordinator/peer support specialist; and 1 0.05 FTE program director. Program staff will be available during non-traditional hours, and FHCB is committing a current FHCB employee to this project by changing a job description. **This proposal provides a model program that is similar to the grant that CHRC awarded last year (different hospital partner, different area of Baltimore City) and offers another opportunity for the CHRC to support a worthwhile hospital-community partnership that targets frequent ED utilizers and refers these individuals to a nearby FQHC. This application has a strong likelihood of achieving program objectives and could be replicated in other areas of the state. This application was favorably reviewed by the reviewer and is recommended to present.**

5. **La Clinica del Pueblo.** This application is from a D.C.-based FQHC seeking to open a new health center site in Riverdale, an underserved area of Prince George's County. The proposal estimates serving 920 Latino immigrants in year one, growing to 1,485 patients by the end of the project period. The proposal requests grant funding for three years to cover two costs:

- (1) The salary costs of 1.7 of the 12.7 FTE's that will be hired to support the project; and
- (2) Contractual IT costs. The proposal indicates that the service territory of Doctors Hospital will be targeted and that two hospitals will be engaged for the project. **While the CHRC has awarded grants to other D.C.-based FQHCs (Mary's Center), this organization has not applied to the CHRC in the past. This application is strong, would likely meet overall program objectives, and would expand services in an underserved area of Prince George's County. The applicant should be asked about the status of hospital partnerships and whether these hospitals have agreed to financially support the program. This application was favorably reviewed by the reviewer and is recommended to present.**

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